

# KY Child and Adult Care Food Program Income Application

## FY 2009 FAMILY DAY CARE HOMES

Provider Name: \_\_\_\_\_

**Part 1 – Child Information:** List child (ren) currently enrolled in the above day care home for whom meals will be claimed:

Child's Name	Birthdate	Child's Name	Birthdate
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

**Foster Child/Kinship Care:** Fill out a separate application for each foster child in your care. However, if foster children are siblings, each child may be listed on the same form. If the above participant is a foster child, check here \_\_\_\_\_. Enter the foster child (ren's) personal use income (print "0" if the child has no income) \_\_\_\_\_. Complete this form by proceeding to Part 4 and Part 5.

**Part 2 – For Categorical Eligibility:** If your child (ren) currently receive(s) benefits from one of the following programs, please indicate the type of assistance and record the case number. For School Lunch and Head Start, attach a copy of a letter from program officials verifying your child (ren's) benefits. After completing this part, proceed to Part 4 and Part 5.

Food Stamp# \_\_\_\_\_ K-TAP# \_\_\_\_\_ WIC# \_\_\_\_\_

Free/Reduced School Lunch \_\_\_\_\_ Head Start \_\_\_\_\_ \*CCAP # \_\_\_\_\_

**Part 3 – (For Children Not Eligible for Part 2) Household Members and Monthly Income:** List the names and income of all household members, other than the child (ren) listed above. Include children not listed above even if they do not have income.

NAMES OF HOUSEHOLD MEMBERS		GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income from Pensions Retirement Social Security	Any Other MONTHLY Income
LAST	FIRST				
1. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____

**TOTAL HOUSEHOLD INCOME** \$ \_\_\_\_\_

**Part 4 - Signature and Social Security Number:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation of the may subject me to prosecution under applicable state and federal laws.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Adult Household Member Date Social Security Number\*

Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_ Printed Name \_\_\_\_\_

Street/Apt.No. \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Part 5 – Race:** Please check the racial or ethnic identity of the participant. You are not required to complete this part.

\_\_\_\_\_ White, not Hispanic \_\_\_\_\_ Black, not Hispanic \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ American Indian/Alaskan Native

**Part 6 – Other benefits: Health Insurance:** Please check "Yes" \_\_\_\_\_ if you agree to have information from this form released to Kentucky Children's Health Insurance Program (KCHIP) officials for use in the determination of your child's eligibility for KCHIP.

I certify that I am the parent/guardian of the child for whom application is made.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*Section 9 of the National School Lunch Act requires that, unless your child's food stamp or K-TAP case number is provided, you must include the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is made that the adult household member signing the statements does not have one, the statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting the food stamp or welfare office to determine current certification for receipt of food stamps or K-TAP benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

### FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

**Monthly Income Conversion – Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24**

\_\_\_\_\_ Categorically Eligible (Food Stamps, K-TAP, WIC, NSL, Head Start)

**Approved as:**

\_\_\_\_\_ Income Household:

\_\_\_\_\_ Tier I

Total household monthly income: \_\_\_\_\_

\_\_\_\_\_ Tier II

Household size: \_\_\_\_\_

**Signature of determining official:** \_\_\_\_\_ Date: \_\_\_\_\_

W/D Date: \_\_\_\_\_ Re-enter Date: \_\_\_\_\_